

CITY OF SAN ANTONIO  
**Planning Department - Neighborhood & Urban Design Division**  
PO Box 839966, San Antonio, TX 78283-3966  
Phone: 207-7873 Fax Number: 207-7897

**NEIGHBORHOOD ASSOCIATION  
REGISTRATION APPLICATION**

*(Please print clearly, enclose requested information & return to the above address)*

January 2006

1. Name of Neighborhood Association: \_\_\_\_\_

2. City Council District(s): \_\_\_\_\_

3. Contact Information: *(This information will be used for all correspondence including notification of zoning cases for registered neighborhood associations within 200 feet of a zoning case.)*

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

(\*) Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Web Site: \_\_\_\_\_

*\*Try to find a resident or business that will allow your association to use their fax machine.*

4. **Please submit the following:**

- ♦ **A map or written description of your neighborhood boundaries (We NEED this)**
- ♦ **A list of your officers, their addresses and telephone numbers (We NEED this)**
- ♦ **A signed copy of the adopted by-laws (We NEED this)**
- ♦ A list of your neighborhood's goals *(Tell us what you hope to accomplish)*
- ♦ A list of all annual community events or fun activities

5. Regular Meeting Location: \_\_\_\_\_

6. Regular Meeting Date: \_\_\_\_\_ Time: \_\_\_\_\_

7. Election of Officers (Month): \_\_\_\_\_ Frequency: \_\_\_\_\_

8. Date the Association Was Founded: \_\_\_\_\_

9. Membership: **(please circle your response)** Voluntary Mandatory

10. No. of Neighborhood: Asscn. Members # \_\_\_\_\_ Housing Units # \_\_\_\_\_ Population # \_\_\_\_\_

**Please circle your response:**

11. Is your neighborhood in a Historic District? Yes No

If so, which one? \_\_\_\_\_

12. Would you like information on the "Neighborhood Conservation District" designation as a planning tool to assist in the compatible development of new construction or additions to property, conservation and enhancement of the physical environment, etc.? Yes No

13. Does your neighborhood association publish a newsletter? Yes No  
*If yes, please add the Planning Department to your newsletter mailing list.*

14. Do you know your SAFFE Officer? Yes No

15. Do you participate in the Good Neighbor Program? Yes No

16. Do you participate in Cellular on Patrol? Yes No

**I have reviewed the attached Neighborhood Registration Policy and agree to abide by this policy.**

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Affiliation** \_\_\_\_\_